DESIGN BRIEFING SYSTEM
NOTEBOOK

DBS 12

MC0314

SUPPLEMENT 1

Genito Urinary Medicine Clinics

DEPARTMENT OF HEALTH,
WELSH OFFICE and the
DEPARTMENT OF HEALTH AND
SOCIAL SECURITY (NI)

Design Briefing System

Genito Urinary Medicine Clinics

This Design Briefing System (DBS) document should be used in conjunction with Health Building Note No.12, Supplement 1 Genito Urinary Medicine Clinics, (GUM). It is essentially a notebook for recording decisions at project team meetings when formulating user requirements for a design brief. All members of the project team will require their own copies.

Copies of DBS documents are published with each Health Building Note and are available from HMSO bookshops and agents (see Yellow Pages) or through any good bookshop. In case of difficulty write to:

HMSO Books (P9D)
St. Crispins, Duke Street,
NORWICH, NR3 1PD

Further information on the use of DBS can be obtained from:

Department of Health
Room 503, Euston Tower
286 Euston Road
LONDON, NW1 3DN

Contents

Part 1

Introduction

1 General Philosophy 1

2 Scope of Service and Workload 2

3 Summary of Provision 8

4 Locational Relationships 10

5 Organisation of Service

5.1 Patients Entrance/Reception/Documentation 11

5.2 Patient Consulting/Examination 14

5.3 Patient Treatment 15

5.4 Laboratory Facilities 17

5.5 Administration and Staffing 18

5.6 Staff Facilities 19

5.7 Supply and Storage 20

5.8 Disposal and Cleaning 21

6 Engineering Services 22

7 General Design Requirements 24

Part 2

Schedule of Activity Spaces 25

Design Briefing System

1. The preparation of design briefs for health buildings can be simplified by using this notebook. It will help project teams to identify user requirements in a logical, considered manner.

What DBS provides

2. The format of DBS is as follows: a portion of the text of the associated Health Building Note is reproduced on the left hand page; on the facing right hand page, a sequence of options implied by the text are set out in such a way that they may easily be marked for acceptance or rejection by ticking the appropriate box, and may be modified or extended.

The use of DBS ensures that, for example:

a. in a sequence of decisions, none is overlooked;

b. other options may be added if necessary;

c. earlier decisions are indentified so that they may easily be recaptured when associated topics are under consideration;

d. during refinement of the brief, the implications of modifications which may affect and therefore prompt re-consideration of earlier decisions, may easily be checked;

e. members of the project team can review the questions next due for consideration and thus ensure that they are fully informed before the meeting. This has been found to be of great organisational and psychological benefit;

f. members of the project team can make their own record of decisions in the notebook itself against stated options or by entering additional text in the appropriate place. This means that there is a clear, up-to-date record of agreed decisions which can easily be identified, as they are not embedded in a mass of minutes not of immediate relevance.

The brief is then typed directly from a Master DBS notebook, supplemented where necessary with information from project team minutes.

3. Using DBS encourages project teams to consider the compatibility of decisions in a systematic and logical manner, thereby preparing a brief containing adequate detail of the user requirements. This should help to improve those areas in which some past designs have been deficient. For example, the provision of inadequate access or space.

4. DBS is primarily concerned with the detailed briefing stage of a project - preparation of the client/user contribution to a comprehensive design brief. In addition to providing information to the designer, the brief is useful at the commissioning stage, and for evaluation when the building has been in use for a period.

5. The use of DBS enables client/user requirements to be stated clearly and concisely by the project team, not only in respect of accommodation, but also how that accommodation is to be used. Furthermore, as mentioned previously, during refinement of the brief, use of DBS enables a check to be made on the implications of modifications resulting from previous client/user decisions, that is, it establishes a systematic data chain which can be referred to if at some subsequent stage it is necessary to trace back the reason for decisions. It must be borne in mind, however, that DBS options are not costed, and while providing the cost planner with earlier and more detailed information regarding the client/user requirements, DBS in itself does not assist in matching these with the money available.

6. DBS notebooks are intended to be used as an aide memoire in conjunction with the associated Health Building Note and other guidance issued by the Department, and should not be regarded as taking the place of such guidance.

Using the notebook effectively

7.There are two parts to a notebook. The first part requires decision to be taken, lists the options available, and includes extracts of relevant guidance from the Health Building Note. The second part lists activity spaces (or rooms) from which a selection can be made based on decisions recorded in the first part.

Flexible use

8. Above all, the system should be used flexibly. Although the notebook anticipates the planning decisions which need to be considered, and carefully phrases the choices so that the design brief can be prepared directly from it, the project team can add other decisions, options, and notes, or change the phrasing of existing ones to suit the project's requirements.

In some areas of the guidance contained in the Health Building Note options are not available to the project team. Project team members should therefore make addions to their notebooks where these occur.

Distribution

9. A copy of the notebook should be given to each member of the project team well before the first meeting where it is to be used. A Master copy of each should be held by the

project team secretary to record agreed decisions from which the brief is prepared.

Planning the meetings

10. Each member of the project team should read their DBS notebook, and the associated Health Building Note, before the first planning meeting. This gives an overall view of the planning decisions which have to be made and helps to place the sequence of the decisions discussed at meetings in the right context. The notebook can be used also, especially by the secretary or chairman of the team, to prepare the agenda of meetings and to arrange in advance for the attendance (or at least the views to be obtained) of representatives of specialist users (eg dentists, pharmacists, domestic services manager) when a particular service is being discussed.

Between meetings

11. Individual project team members can be assigned tasks relating to specific parts of the notebook to consider between meetings. This feature can be used to obtain relevant information, to stimulate and focus attention on necessary fact- finding studies. It also highlights groups of decisions for members to work on, individually or in consultation with colleagues or other specialists.

Member's record of meetings

12. Each member of the project team should record in their own notebook(s) the decisions agreed at meeting so that:

a. a clear, immediate record of agreed decisions is taken away from each project meeting, rather than having to wait for meeting minutes (which have not been confirmed and may not always reflect accurately the decisions made);

b. a record of up-to-date decisions is held by each team member rather than having records of decisions taken (and often revised) at various times embedded in a series of minutes (which may, in turn, be inaccurate).

13. This feature is especially important (at or outside the project meetings) when considering decisions which may have been amended by decisions made previously, and when checking that any interim or draft design brief accurately reflect the latest agreed decisions. If members are absent from a particular meeting then arrangements must be made for them to update their own notebook(s).

Meeting minutes

14. Minutes need only concentrate on the background leading up to the decisions made (and recorded in a notebook) at project team meetings. If it is decided that parts of the minutes should be included in the client brief as supporting information, a note should be made alongside the relevant parts of the minutes which are to be added to the brief.

Cross-referencing

15. This is explained in detail in paragraphs 26. It enables decisions to be cross-checked and is an important feature especially in helping to review the implications of revising decisions made at previous meetings.

Design brief content

16. The primary aim of the brief prepared from a DBS notebook is to record the client/user requirements for a health building. The brief should be as unequivocal as possible to enable the design team to interpret their requirements into a design.

17. In addition, the brief will contain background information for designers and provide the basis for the commissioning and evaluation of the building. The organisational decisions included in DBS notebooks form an important aspect of this. The project team may decide also to include some extra background information from meeting minutes and this should be carefully noted in the Master DBS notebook.

18. Any brief (whether interim or complete) should be prepared directly from the Master DBS notebook (with supporting parts of minutes included as notes). This helps to ensure that the draft is as up-to-date and as complete as possible. It is also easier for all members of the team to check its accuracy. The draft can then be agreed and edited before issue outside the project team.

An example of part of a brief typed from one page of a DBS notebook is reproduced as an appendix.

Preparation of Part 2

19. Part 1 should be complete before selecting the detailed accommodation required (activity spaces) in Part 2. The secretary or chairman of the team can use Part 2 to ensure that a thorough check is carried out of the detailed implications of planning decisions recorded in Part 1. The choice of activity spaces and data sheets in draft form can then be made by a small sub group of the planning team for subsequent ratification by the full team.

Use after the brief is prepared

20. Master copies of completed notebooks should be retained (and kept up-to-date with all changes) as part of the project documentation after the design brief has been agreed, so that:

a. any subsequent changes in the brief or design which may be necessary during the project design stage can be fully checked out for their implications using the cross-referencing features of the DBS notebook;

b. operational manuals, training programmes, etc can be prepared during commissioning;

c. a true evaluation can be made between the completed building and the intentions recorded in the design brief.

d. when considering any future building changes, upgrading or project phases, DBS notebooks are readily available to help ensure that new planning decisions are compatible with existing accommodation that has already been planned (but not yet built).

Content

21. The planning decisions in notebooks are structured as follows:

a. *General Philosophy and Considerations*, which is a summary of general philosophy of the service provided and general points that require consideration;

b. *Scope of Service and Workload*, which sets out the scope of service provided and its workload;

c. *Locational Relationships*, with other areas of the hospital;

d. *Organisation of Service*, which sets out detailed operational policy decisions under several subheadings. Planning decisions in this section have a direct implication on one or more of the following:

(i) Design, ie affect and type and quantity of the detailed facilities to be provided;

(ii) Operational policy, ie state operational procedures or staffing decisions which can be used as a reference point for commissioning or evaluation.

e. *General Design Requirements*, which state any overriding requirements which are not specified elsewhere in the design brief.

Presentation of information

22. Except for the introductory section - General Philosophy - all sections of the DBS notebook contain a set of options/planning decisions (shown on the right hand pages) together with extracts of any relevant planning guidance material (shown on the left hand pages), opposite the appropriate options/decisions.

Guidance

23. The primary objective of the portions of guidance material on the left hand page is to remind the project team of the appropriate section of the Health Building Note which must be taken into account before specific options on the opposite page are selected.

24. Paragraphs of guidance dealing with cost effectiveness are highlighted in bold type, to alert the project team to the capital and running cost implications of certain decisions.

Planning decisions

25. For most planning decisions a set of possible options is shown. The project team select the appropriate option by ticking within the square brackets alongside. Where appropriate their choice can be quantified, or they can enter other decisions, options or further information to be included in the brief. Project team members should also record items where no option is available.

26. A simple cross-referencing system is incorporated which allows cross-checking for compatibility of decisions made. The reference relates to the page No (top left-hand corner) and the 'REF' column letter. For example, on page 9 of this notebook 'Genito Urinary Medicine Clinics' under reference 'B' "Supplementary accommodation to be provided will include: (a) primary analysis facility" - the unique reference for this option if selected is 9 B(a), to which can be added the generic code for the DBS document - GUM, making in all GUM8A(a).

27. The reference in the 'EARLIER DECISION' columns (which are already printed in the document) may be used in a number of ways:

a. to check when making a decision that previous decisions are compatible (including Whole Hospital Policies);

b. to check all the relevant consequences of doing so when proposing to change a decision.

GENITO URINARY MEDICINE CLINICS

GENERAL PHILOSOPHY

This DBS document is based on Health Building Note 12, Supplement 1, which is a guide to the planning and design of genito-urinary medicine (GUM) outpatients clinics located in general outpatients departments (OPD) of District General Hospitals (DGH).

It is a Supplement to HBN 12, Outpatients Department, 1989, which provides planning and design guidance for general outpatients accommodation, and should be read in conjunction with HBN 12.

Supplement 1 replaces the Design Guide 'Special Treatment Clinic', 1974, and responds to many changes which have occurred in the GUM service since that time, including:

a. an increase in overall patient numbers;
b. a change in the case mix from bacterial infection (such as syphilis and gonorrhoea) to viral infection (such as herpes and warts);
c. the advent of HIV infection and AIDS;
d. the attendance of patients who are better informed and have higher expectations with regard to quality of service;
e. technical advances.

The Supplement also takes into account the recommendations relevant to health buildings of the 'Report of the Working Group to Examine Workloads in Genito Urinary Medicine Clinics' (the 'Monks report'), November 1988. Key recommendations were:

a. the need for GUM and HIV infection provision in every District;
b. GUM clinics should be situated in the general OPD of a DGH;
c. the standard of accommodation should be no less than that recommended in HBN 12.

(HBN 12 (GUM), paras. 1.1 - 1.4)

2 SCOPE OF SERVICE AND WORKLOAD

Nearly 70% of outpatients self-refer, either from self-concern or as a result of contact tracing. The remainder are referred mainly by general medical practitioners and other clinical specialists.
(HBN 12 (GUM), para. 2.3)

Those attending GUM outpatients clinics are:

a. nearly all ambulant;
b. usually alone, although there is an increasing tendency for them to come with a partner or friend;
c. mainly young adults;
d. children, as patients or accompanying adults.

(HBN 12 (GUM) para. 2.2)

Figures 1 and 2 of HBN 12 (GUM) show:

a. the main conditions of people attending GUM clinics;
b. the generally upward trend in the number of new cases of the main conditions attending;
c. approximately equal numbers of male and female new cases in 1987, when female new cases accounted for 47% of the total.

Figure 3 of HBN 12 (GUM) illustrates the rising number of cases of AIDS. It is estimated that for every person with AIDS there are between 20 and 100 people who are HIV positive.
(HBN 12 (GUM) para. 2.4)

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A Diseases to be treated in the clinic will include:
(a) genital tract infections [ ]
(b) sexually transmitted diseases [ ]
(c) HIV infection and its complications [ ]
(d)

B Patients may be referred (SPECIFY ESTIMATED %) by:
(a) self referral [ ]
(b) through contact tracing [ ]
(c) by general practitioners [ ]
(d) other clinics/specialists [ ]
(e)

C Patients attending the GUM outpatients clinics will be:
(a) nearly all ambulant [ ]
(b) possibly accompanied by a partner or friend [ ]
(c) mainly young adults [ ]
(d)

D Children may attend the clinics:
(a) as patients [ ]
(b) with adult patients [ ]
(c)

E The ratio of male/female new patients is estimated to be:
(a) approximately 50/50 [ ]
(b)

2 SCOPE OF SERVICE AND WORKLOAD

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD (CONTD)

A The main conditions of people attending the GUM clinics will be:
(a)
(b)
(c)

B The general trends in main conditions are:
(a)
(b)
(c)

2 SCOPE OF SERVICE AND WORKLOAD

The total number of new cases seen at GUM clinics in 1987 was 4% lower than in 1986, the first fall in total numbers since 1962. It is unclear if the downturn will be transient or longer term.
(HBN 12 (GUM) para. 2.5)

The number of cases of wart virus infection and HIV infection/AIDS has continued to increase. The significance for the GUM service is, that for both categories of infection:

a. the average number of attendances per case is high;
b. treatment usually continues for a prolonged period and may not be effective;
c. the attendances may be time-consuming;
d. the implications for the patient, family and the contacts are serious.

(HBN 12 (GUM) para. 2.6)

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A The estimated number of new patients to be seen will be:

	Year	Year	Year	Year
(a) Syphilis and Gonorrhoea	____	____	____	____
(b) NSGI	____	____	____	____
(c) Candidiasis & Trichomoniasis	____	____	____	____
(d) Herpes and warts	____	____	____	____
(e) Other genital infections	____	____	____	____
(f) HIV infection	____	____	____	____
(g) Other conditions requiring treatment	____	____	____	____
(h) Other conditions not requiring treatment	____	____	____	____

B Factors affecting the accommodation provided for the GUM clinic may include:
(a) increasing wart virus infection [ ]
(b) increasing HIV infection/AIDS [ ]
(c)

C These factors include:
(a) the average number of attendances per case is high [ ]
(b) treatment is usually prolonged and may not be effective [ ]
(c) attendances may be time consuming [ ]
(d) there are serious implications for patients, families and contacts [ ]
(e)

Main functions of a GUM outpatients clinic

The main functions of a GUM outpatients clinic are to provide, in conditions of privacy:

a. specialist consultation/examination and collection of specimens for investigation;
b. primary analysis of specimens;
c. treatment of patients;
d. screening for the selection of day-patients and in-patients;
e. following-up and monitoring the condition of outpatients and day patients;
f. counselling of patients, families, friends and others seeking advice;
g. notifying partners of patients;
h. discharging patients from the care of the hospital, with referral if necessary to other health and/or social services;
j. the retention of patients' health records in a dedicated secure store away from the main health records department.

(HBN 12 (GUM) para. 2.13)

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A The GUM outpatients clinic will use accommodation provided:
(a) as part of the general OPD facilities [ ]
(b) in a separate clinic facility sited: _____
(c)

B The clinic will serve a district population estimated as:

		Year	Year	Year	Year
(a)	male 14-18				
(b)	18-65				
(c)	65+				
(d)	female 14-18				
(e)	18-65				
(f)	65+				
(g)	children up to 14 years				
	TOTAL				

C The main functions of the GUM clinic will be:
(a) specialist consultation/examination [ ]
(b) collection of specimens for investigation [ ]
(c) primary analysis of specimens [ ]
(d) treatment of patients [ ]
(e) screening for selection of day patients/in-patients [ ]
(f) follow-up and monitoring of patients [ ]
(g) counselling patients, families, friends and others [ ]
(h) notifying partners of patients [ ]
(j) discharge of patients, possibly with referral to other services [ ]
(k) storage of patients' notes [ ]
(m)

Clinic sessions
Separate clinic sessions may be held for outpatients with HIV infection/AIDS. Depending on local demand, these could replace or be additional to existing GUM clinic sessions.
(HBN 12 (GUM) para. 2.20)

Appointment flexibility
Any person attending a GUM outpatients clinic should be examined on the same day or failing that on the next occasion the clinic is open. Delay in patients being seen causes undue anxiety and may lead to the further spread of infection and to clinical complications. Therefore, arrangements should be made for some clinic sessions to be held after 5.00 pm.

Attendance arrangements will be determined in accordance with local factors, such as clinic size, hospital policies and staffing levels. These may include:

a. 'walk-in' arrangements for all patients;
b. 'walk-in' arrangements for new patients and an appointments system for return attenders;
c. an appointments system for all patients;
d. a separate appointments system for time-consuming specific purposes, eg, colposcopy;
e. combinations of the above.

(HBN 12 (GUM) paras. 2.14 - 2.15)

Clinical management of patients
Clinical management of patients includes:

a. **drug treatment.** It is essential that patients receive their treatment as soon as possible after diagnosis. Drugs are provided free of charge, and should be dispensed either in the clinic for standard treatments, or from a nearby dispensary, to ensure that all patients receive their treatment;
b. **minor clinical procedures**, such as treatment of warts, for example by laser, cryo-surgery, diathermy and cold coagulation;
c. **colposcopy.** A colposcope provides a magnified view of an object. The original use was for examination of the neck of the womb. A video camera may be attached; if so, a television screen will normally be required. In some hospitals, colposcopy is carried out in gynaecology clinics;
d. **counselling.** Much counselling relates to HIV infection/AIDS. The remainder includes patients who have anxieties about pelvic inflammatory disease, wart virus infection and sexually related problems.

(HBN 12 (GUM) para. 2.16)

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A Clinic sessions for outpatients with HIV infection/AIDS will be:
(a) allocated from existing/planned GUM clinic sessions [ ]
(b) provided additional to existing/planned GUM clinic sessions [ ]
(c)

B Clinic sessions will be required outside normal hours, ie:
(a) after 5pm, Monday to Friday [ ]
(b) SPECIFY _____
(c)

C The attendance arrangements for patients will include:
(a) "walk-in" arrangements for all patients [ ]
(b) "walk-in" arrangements for new patients [ ]
(c) an appointment system for return patients [ ]
(d) an appointment system for all patients [ ]
(e) a separate appointment system for time-consuming procedures [ ]
(f)

D Clinical management of the patient may include:
(a) drug treatment [ ]
(b) minor clinical procedures [ ]
(c) colposcopy [ ]
(d) counselling [ ]
(e)

E Drugs will be dispensed:
(a) in the clinic (for standard treatments) [ ]
(b) from the hospital dispensary situated _____
(c)

F Minor clinical procedures carried out in the clinic will include treatment by:
(a) laser [ ]
(b) cryo-surgery [ ]
(c) diathermy [ ]
(d) cold coagulation [ ]
(e)

G Investigational procedures carried out in the clinic may include:
(a) lumber puncture [ ]
(b) biopsies [ ]
(c)

2 SCOPE OF SERVICE AND WORKLOAD

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A Colposcopy will be carried out:
(a) in the GUM clinic [ ]
(b) at a gynaecology clinic [ ]
(c) in both the GUM clinic and gynaecology clinic [ ]
(d)

B Health advisers in sexually transmitted diseases will be employed for:
(a) partner notification [ ]
(b) health education [ ]
(c) counselling [ ]
(d) patient recall [ ]
(e)

C Counselling of patients will take place:
(a)
(b)
(c)

3 SUMMARY OF PROVISION

Refer to HBN 12: Appendix: for definitions of terms used here.

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

3 SUMMARY OF PROVISION

A The estimated total number of attendances per annum will be (for planning purposes):

		Year	Year	Year	Year
(a)	planning population				
(b)	planned total attendances				
(c)	planned attendances per 1,000				
(d)	planned average attendances per patient per annum				
(e)	calculated new attendances per annum				
(f)	calculated return attendance per annum				
(g)	average consultation time per new attendance (minutes)				
(h)	average consultation time per return attendance (minutes)				
(j)	annual consultation time required(hrs)				
(k)	average duration of consultation period (hrs)				
(m)	no. of consultation periods per week				
(n)	average attendances per clinic session				
(p)	consultation rate (no. patients per hour)				
(q)					

B The number of room sessions required per week will be:

No. of consultation periods		No. of C/E rooms rooms used	
per week	per clinic session	per consul-tation period	per clinic session

3 SUMMARY OF PROVISION

Functional units
The functional units are taken from HBN 12, ie number of C/E rooms, for general outpatients provision. It is expected that a GUM clinic will be built as part of an OPD and, therefore, the number of C/E rooms required by the GUM clinic would form part of the calculation for the total number of rooms in the complete department. (See Appendix in HBN 12).

These functional units will need to be supplemented by the addition of accommodation not normally provided in OPD clinics, but which is required for GUM clinics. As the circumstances of each project will be different, it is not possible to be prescriptive about the amount of supplementary accommodation which will be required. To allow maximum flexibility in calculating the total provision, the supplementary accommodation has been separated into individual activity spaces and project teams are at liberty to select the number and size of each of these spaces as appropriate to their scheme.

Most activities in a GUM clinic are the same as those in a general OPD and the accommodation required is similar. Functional units are taken from HBN 12, ie the number of combined consulting and examination rooms, for general outpatients provision. The number of C/E rooms for genito urinary medicine may be calculated as described in Appendix 1 to this Supplement.
(HBN 12 (GUM) paras. 7.3 - 7.4 and 2.10)

GENITO URINARY MEDICINE CLINICS

Earlier decision	Ref	3 SUMMARY OF PROVISION
	A	The number of consulting/examination rooms required for the GUM clinic will be: (a) combined consulting/examination rooms _____ (b)
7A	B	Supplementary accommodation to be provided will include: (a) primary analysis facility [ ] (b) staff office [ ] (c) secure storage for health records [ ] (d) treatment facilities (with colposcopy and consulting facilities [ ] (e) treatment facilities [ ] (f) interview room [ ] (g)

4 LOCATIONAL RELATIONSHIPS

Location and relationships

GUM clinics should be located in the general OPD of a DGH and should be within easy reach of the departments to which patients are frequently referred (see HBN 12 (GUM) figure 7). The location of the GUM clinic and the laboratories should allow rapid transfer of specimens and results.
(HBN 12 (GUM) para. 3.3)

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

4 LOCATIONAL RELATIONSHIPS

5A A The GUM clinic should be located:
(a) in the general OPD, within easy reach of the departments to which patients are frequently referred [ ]
(b) to allow rapid transfer of specimens and results [ ]
(c)

B The order of priority for planning the GUM clinic provision near to or adjacent to the other departments of the hospital is as follows:
(INDICATE PRIORITIES IN NUMERICAL ORDER)

7A (a) dermatology clinic [ ]
(b) general OPD [ ]
(c) gynaecology clinic [ ]
(d) Laboratories - microbiology [ ]
(e) - virology [ ]
(f) main entrance [ ]
(g) paediatrics [ ]

6E (h) pharmacy [ ]
(j) radiology [ ]
(k) other OPD clinics [ ]
(m)

Access and clinic waiting
A single access point and clinic waiting area should be provided for all patients.
(HBN 12 (GUM) para. 3.5)

Clinic reception
The design of the reception area must enable patients to be received and registered in privacy. To minimise the need for verbal, and so audible, communication of personal details, facilities may be provided for patients to complete a proforma in writing.

The location of the reception area should fulfil the following criteria:

a. allow reception staff to see the whole waiting area;
b. have direct access to the health records store;
c. have convenient access to the C/E rooms.

(HBN 12 (GUM) paras. 4.3 - 4.4)

Clinic waiting area
The description of the clinic waiting area is included in HBN 12, but in GUM clinics there must be provision for 'walk-in' patients in addition to those with appointments.
(HBN 12 (GUM) para. 4.5)

Earlier decision | Ref

5 ORGANISATION OF SERVICE

5.1 PATIENTS ENTRANCE/RECEPTION/DOCUMENTATION

5A

A

Entrance to the GUM clinic will be via:
(a) the main hospital street [ ]
(b) the main hospital entrance [ ]
(c) a separate external entrance [ ]
(d) the outpatients department [ ]
(e)

B

Patient reception/registration will take place:
(a) at the clinic desk [ ]
(b) in a separate interview office [ ]
(c)

C

Facilities will be provided for patients to:
(a) complete a pro-forma in writing [ ]
(b) give details in private [ ]
(c) be seen without an appointment [ ]
(d)

D

A clinic waiting area will be required for:
(a) _____ persons
(b)

Clinic reception
The location of the reception area should fulfil the following criteria:

a. allow reception staff to see the whole waiting area;
b. have direct access to the health records store;
c. have convenient access to the C/E rooms.

(HBN 12 (GUM) para. 4.4)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.1 PATIENTS ENTRANCE/RECEPTION/DOCUMENTATION

A

Reception staff will require:
(a) facilities for making appointments [ ]
(b) space for the preparation and maintenance of health records [ ]
(c) temporary storage for health records [ ]
(d) use of a telephone [ ]
(e) use of a computer terminal [ ]
(f) a view of the whole waiting area [ ]
(g) direct access to the departmental health records store [ ]
(h) convenient access to C/E rooms [ ]
(j)

B

Patients will be received by:
(a)
(b)

Health records store
A dedicated secure store for health records on paper and microfiche should be provided with direct access from the clinic reception area (see Appendix 2 of HBN 12 Supplement).
(HBN 12 (GUM) para. 4.17)

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.1 PATIENTS ENTRANCE/RECEPTION/DOCUMENTATION

A There will be a health records store which can be securely locked:
(a) dedicated to GUM records only [ ]
(b) with direct access from the reception area [ ]
(c) with adequate shelving/lighting [ ]
(d) with space for microfilm/microfiche readers [ ]
(e)

B Health records will be held on:
(a) paper [ ]
(b) microfilm [ ]
(c) microfiche [ ]
(d)

Combined consulting and examination rooms
Consulting and examination rooms in GUM clinics may be used by male and female patients for consultation, interview, clinical examination, collection of specimens of secretions, venepuncture and minor treatments such as therapy of warts, giving injections and dispensing drugs. Clinical examination using a colposcope may be performed here.

Examination couches should be fitted with adjustable lithotomy stirrups which can be used when examining female patients, and folded under the couch when not in use.

Flexibility is important. C/E rooms should be suitable for use by both sexes and other clinics. Specimen sinks, bidets and urinals should not be provided.
(HBN 12 (GUM) paras. 4.6 - 4.8)

Interview room
Interview rooms used solely in connection with a GUM clinic should be located close to C/E rooms. They should be furnished to encourage maximum patient confidence.
(HBN 12 (GUM) para. 4.13)

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

A Consulting/examination rooms will require facilities for male and female patients attending for:
(a) consultation [ ]
(b) clinical examination [ ]
(c) collection of specimens of secretions [ ]
(d) venepuncture [ ]
(e) minor treatment [ ]
(f) injections [ ]
(g) drug dispensing [ ]
(h)

B The number of interview rooms provided will be _____

Treatment room
Treatment couches should be fitted with adjustable lithotomy stirrups which can be folded away when not in use.

Additional equipment may include diathermy equipment, cryo-surgical equipment, a cold coagulator, a loop diathermy and a colposcope (possibly with a teaching arm or video camera/television screen). Cryo-surgical equipment utilising high pressure nitrous oxide may be in regular use and should be connected into a purpose installed exhaust pipe, as specified in HBN 12.

Many procedures will generate heat and odours which will need to be removed by means of mechanical ventilation.
(HBN 12 (GUM) paras. 4.9 - 4.11)

Patient and specimen WCs
Most male patients will be required to provide a urine specimen. The proportion of female patients providing a specimen will vary in accordance with local clinical policy. The WCs should be located to discourage patients from passing urine before specimens have been taken.
(HBN 12 (GUM) para. 3.11)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.3 PATIENT TREATMENT

9B A The treatment of patients will be carried out in:
(a) a dedicated treatment room [ ]
(b) an OPD treatment room [ ]
(c)

6F B Additional equipment to be provided will include:
(a) diathermy equipment [ ]
(b) cryo-surgery equipment [ ]
(c) a cold coagulator [ ]
(d) a loop coagulator [ ]
(e) a colposcope (with teaching arm/video camera/TV screen) [ ]
(f)

C Clean utility facilities will be provided:
(a) in the outpatient department clean utility [ ]
(b)

D Dirty utility facilities will be provided:
(a) in the outpatient department dirty utility [ ]
(b)

E Patients WC/handwashing facilities will be provided:
(a)
(b)

Colposcopy room with consulting facility

A separate colposcopy room with consulting facility may be provided where there is a heavy workload. Facilities should be provided for carrying out treatments (see HBN 12 (GUM) paras. 4.9 to 4.11) and for consulting, ie, a desk and three chairs. The colposcopy room may be run with a separate appointments system from the main clinic and have its own waiting space. The room should be located convenient to the treatment and utility rooms.
(HBN 12 (GUM) para. 4.12)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.3 PATIENT TREATMENT (CONTD)

7A A

A separate colposcopy room:
(a) will not be required [ ]
(b) will be required [ ]

B

The colposcopy room will require:
(a) a separate appointment system [ ]
(b) a separate waiting area [ ]
(c) access to the treatment and utility rooms [ ]
(d) facilities to carry out treatments [ ]
(e) consulting facilities [ ]
(f) a suitable couch [ ]
(g) space for diagnostic and treatment equipment [ ]
(h)

Primary analysis facility
The primary analysis facility must be within easy reach of all the C/E rooms.

A sink, worktop and cupboard are required, together with a fuel supply for the heat source for fixing slides. A refrigerator, an incubator and a centrifuge are needed. These should be accommodated in the primary analysis facility but in the absence of a dedicated space, they should be located in the dirty utility room.

In small clinics, a C/E room may be designated as a primary analysis facility for the duration of a GUM clinic session.
(HBN 12 (GUM) paras. 4.14 - 4.16)

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.4 LABORATORY FACILITIES

A The primary analysis facility will be required:
(a) within easy reach of all C/E rooms [ ]
(b) in a dedicated area [ ]
(c) in a designated C/E room during GUM clinic sessions [ ]
(d)

B The primary analysis facility will need:
(a) a sink, worktop and storage [ ]
(b) a heat source for fixing slides [ ]
(c) refrigerated storage [ ]
(d) an incubator [ ]
(e) a centrifuge [ ]
(f)

C Facilities for microscopy will:
(a) be provided in _____
(b) require a solid bench and electrical outlets [ ]
(c)

Offices
Office facilities are required for medical staff, a sister/charge nurse, secretarial staff, health advisers and visiting staff in all sizes of GUM clinic.

Staff attending a small clinic may use the visiting staff office and/or offices elsewhere. Provision of dedicated offices is justified when they are in use for most of the week.
(HBN 12 (GUM) paras. 3.12 - 3.13)

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.5 ADMINISTRATION AND STAFFING

A The day to day general management of the clinic will be the responsibility of:
(a) the OPD manager [ ]
(b)

B Offices will be required in the clinic accommodation for:
(SPECIFY) _____

C The following staff will be working in the GUM clinic (SPECIFY):

	Part time	Full time	WTE
(a) nursing	____	____	____
	____	____	____
	____	____	____
(b) medical	____	____	____
	____	____	____
	____	____	____
(c) professional and technical	____	____	____
	____	____	____
	____	____	____
(d) administration	____	____	____
	____	____	____
(e) ancillary	____	____	____
	____	____	____

D The person responsible for domestic services will be:
(a) the domestic supervisor [ ]
(b)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.6 STAFF FACILITIES

A The average number of staff working in the GUM clinic during a peak period is estimated, for planning purposes, as:

MALE _____

FEMALE _____

TOTAL
======

B Staff will use:
(a) the central changing accommodation of the hospital with small lockers for personal possessions in the department [ ]
(b) zonal changing facilities [ ]
(c)

C Rest room facilities for staff will be provided:
(a) in the OPD [ ]
(b)

D Staff will use sanitary facilities:
(a) near to the clinic waiting area [ ]
(b) in the OPD [ ]
(c)

Equipment store
Adequate space should be provided for the storage of equipment such as microscopes, colposcopes, cryo-surgery units, microfilm/microfiche readers and other items. (HBN 12 (GUM) para. 4.19)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.7 SUPPLY AND STORAGE

A Supplies will be delivered in accordance with the system for the whole OPD.

B Linen will be kept:
(a) in the OPD general supplies store [ ]
(b)

C and will be distributed by:
(a) linen exchange trolley [ ]
(b)

D Controlled drugs, pharmacy supplies, medicines etc will be stored in:
(a) the consulting/examination room during clinic sessions only [ ]
(b) the clean utility in the outpatient department [ ]
(c)

E Storage for mobile equipment will be provided in:
(a) the general equipment store in the outpatient department [ ]
(b) a store in the GUM clinic [ ]
(c)

F The equipment to be stored will include:
(a) microscopes [ ]
(b) colposcopes [ ]
(c) cryo-surgery units [ ]
(d) microfilm/microfiche readers [ ]
(e)

G Stationery will be kept:
(a) in the stationery store in the outpatient department [ ]
(b) in the general supplies store in the outpatient department [ ]
(c)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.8 DISPOSAL AND CLEANING

A The system of disposal will be as that of the whole OPD [ ]

B Soiled items awaiting collection will be stored:
(a) in the disposal hold in the OPD [ ]
(b) in the dirty utility in the OPD [ ]
(c)

C Domestic cleaning will be carried out:
(a) at night [ ]
(b) during the evening [ ]
(c)

D Cleaning will be carried out by:
(a) domestic staff working in the OPD [ ]
(b)

E A cleaner's space will be provided:
(a) in the main OPD [ ]
(b)

6 ENGINEERING SERVICES

ENGINEERING STANDARDS AND REQUIREMENTS DESCRIBED IN HBN 12 'OUTPATIENT DEPARTMENT' WILL BE APPLICABLE TO THE 'GUM' CLINIC PROVISION.

Earlier decision | Ref

6 ENGINEERING SERVICES

SPECIAL REQUIREMENTS FOR GUM CLINIC ACTIVITIES ARE NOTED IN THIS SECTION

A The heat source for fixing slides in the primary analysis facility will be provided from:
(a) an electrical outlet [ ]
(b) a conveniently available natural gas supply [ ]
(c)

Telephone services (DDI)
Direct dialling in should be provided where practicable to facilitate:

a. people telephoning for appointments and information;

b. patients telephoning for the results of tests;

c. pre-recorded messages for out-of-hours information.

(HBN 12 (GUM) para. 3.20)

See also HBN 48: 'Telephone Services' for more detailed guidance on the provision of DDI and the circumstances in which it may not be practicable to provide this facility.

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

6 ENGINEERING SERVICES

A Telephone communication will be provided:
(a) as the main OPD [ ]
(b)

B Direct dialling inward (DDI) is practicable and will be provided for:
(a) appointments and information [ ]
(b) patients telephoning for test results [ ]
(c) pre-recorded messages [ ]
(d)

C Direct dialling inward (DDI) is not practicable [ ]

D Payphones for patients' use will be available:
(a) in the OPD waiting area [ ]
(b) at the main entrance to the hospital [ ]
(c)

11B E Data links will be required between:
(a) the hospital computer and clinic reception desk [ ]
(b)

F Staff location will be via:
(a) pocket receivers issued to all essential staff [ ]
(b)

G A staff/staff call system will be required:
(a) as the whole OPD [ ]
(b)

H The alarms, smoke doors and fire fighting equipment will be provided in accordance with:
(a) the whole hospital fire policy [ ]
(b) the OPD fire policy [ ]
(c)

7 GENERAL DESIGN REQUIREMENTS

GENITO URINARY MEDICINE CLINICS

Earlier decision | Ref

7 GENERAL DESIGN REQUIREMENTS

THE GENERAL DESIGN REQUIREMENTS DESCRIBED IN HBN 12 WILL BE APPLICABLE TO THE "GUM" CLINIC PROVISION

SPECIAL REQUIREMENTS FOR "GUM" CLINIC ACTIVITIES ARE NOTED IN THIS SECTION

A Conditions of privacy are extremely important for giving advice and treatment to people attending the GUM outpatients clinic

B Accommodation for GUM clinics should be planned and designed to the same standard as that described in HBN 12 for general outpatient purposes (see HBN 12, paras. 3.7 and 3.25 to 3.33). The general atmosphere should be pleasant and friendly, to help patients and staff feel at ease. Furnishings and lighting should help create a relaxed and comfortable environment.

GENITO URINARY MEDICINE CLINICS

DESIGN BRIEFING SYSTEM

PART 2

This part of the document should be used when all the decisions in Part 1 have been completed, to select and record suitable activity spaces for the project. Whilst an activity space can be equated with a room, it may also be an unenclosed space such as a bay or corridor.

It is recommended that a sub-group of the planning team should select the activity spaces and related data sheets outside the main meeting so that sufficient time is available to check thoroughly the implication of planning decisions taken in Part 1.

COMPLETING PART 2

The activity spaces likely to be required have been divided into suitable groups of accommodation (eg TREATMENT FACILITIES). References are provided in the "Earlier Decision" column to decisions in Part 1 which may have an effect on the activity space chosen. Activity spaces are selected using the existing bank of DoH activity data sheets ("A" sheets), which may require modification to suit particular projects, or new "A" sheets may be generated.

The reference letter and number of "A" sheets, from which a choice may be made, should be recorded in the column (eg Colposcopy - X0110). The number of activity spaces required should be entered in the "No" column. The "locational relationship" column should be used to state any important locational relationships within the department, either by ticking those already entered or adding new statements.

When all activity spaces have been chosen for each group, the whole of Part 2 should be reviewed, in its entirety, to enable the planning team to rationalise any over-provision or reconsider areas that may be shared, eg sharing of facilities between sections or sub-departments.

The schedule of activity spaces and data sheets may be typed directly from the completed Part 2, including any guidance the team may decide to include to assist designers.

DESIGN BRIEFING SYSTEM

GENITO URINARY MEDICINE CLINICS

PART 2

SCHEDULE OF ACTIVITY SPACES

The accommodation to be provided in the Genito Urinary Medicine Clinics is scheduled in the following groups of accommodation.

CONSULTING/EXAMINATION

TREATMENT FACILITIES

LABORATORY FACILITIES

STAFF FACILITIES

STORAGE AREAS

Planning unit/dept	Page	Design Briefing System	Decisions
GUM	27	GENITO URINARY MEDICINE CLINICS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		CONSULTING/EXAMINATION			
14A	A	CONSULTING ROOM: EXAMINATION (with sink for GUM clinic analysis)		C0218	
		TREATMENT FACILITIES			
7A, 9B 15, 16	B	COLPOSCOPY WITH CONSULTING FACILITIES		X0110	
	C	COLPOSCOPY		X0111	
		LABORATORY FACILITIES			
17	D	PRIMARY ANALYSIS FACILITY 3 WORKSTATIONS		L0316	
	E	PRIMARY ANALYSIS FACILITY 2 WORKSTATIONS		L0317	
		STAFF FACILITIES			
11B, 12A, 14B, 23	F	INTERVIEW/OFFICE		M0704	
		STORAGE AREAS			
9B, 13A, 20	G	HEALTH RECORDS: STORE GUM		W0810	

Planning unit/dept	Page	Design Briefing System	
GUM	11	GENITO URINARY MEDICINE CLINICS	**Guidance**

5 ORGANISATION OF SERVICE
5.1 PATIENTS ENTRANCE/RECEPTION/DOCUMENTATION

Access and clinic waiting
A single access point and clinic waiting area should be provided for all patients.
(HBN 12 (GUM) para. 3.5)

Clinic reception
The design of the reception area must enable patients to be received and registered in privacy. To minimise the need for verbal, and so audible, communication of personal details, facilities may be provided for patients to complete a proforma in writing.

The location of the reception area should fulfil the following criteria:

a. allow reception staff to see the whole waiting area;
b. have direct access to the health records store;
c. have convenient access to the C/E rooms.

(HBN 12 (GUM) paras. 4.3 - 4.4)

Clinic waiting area
The description of the clinic waiting area is included in HBN 12, but in GUM clinics there must be provision for 'walk-in' patients in addition to those with appointments.
(HBN 12 (GUM) para. 4.5)

Planning unit/dept	Page	Design Briefing System	
GUM	11	GENITO URINARY MEDICINE CLINICS	**Decisions**

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.1 PATIENTS ENTRANCE/RECEPTION/DOCUMENTATION

A Entrance to the GUM clinic will be via:
(a) the main hospital street [ ]
(b) the main hospital entrance [✓]
(c) a separate external entrance [ ]
(d) the outpatients department [✓]
(e)

B Patient reception/registration will take place:
(a) at the clinic desk [✓]
(b) in a separate interview office [ ]
(c)

C Facilities will be provided for patients to:
(a) complete a pro-forma in writing [✓]
(b) give details in private [✓]
(c) be seen without an appointment [✓]
(d)

D A clinic waiting area will be required for:
(a) 6 persons
(b)

EXAMPLES OF WAYS IN WHICH A SECTION OF A BRIEF COULD BE TYPED FROM THE OPTIONS PAGE ABOVE

OPTIONS SELECTED - TYPED DIRECTLY FROM DBS PAGE 11

5 ORGANISATION OF SERVICE
5.1 PATIENT ENTRANCE/RECEPTION/DOCUMENTATION

A Entrance to the GUM clinic will be via:
(b) the main hospital entrance
(d) the outpatients department.

B Patient reception/registration will take place:
(a) at the clinic desk

C Facilities will be provided for patients to:
(a) complete a pro-forma in writing
(b) give details in private
(c) be seen without an appointment

D A clinic waiting area will be required for:
(a) 6 persons

OPTIONS SELECTED - NARRATIVE FORM

5 ORGANISATION OF SERVICE
5.1 PATIENT ENTRANCE/RECEPTION/DOCUMENTATION

Entrance to the GUM clinic will be via the main hospital entrance and outpatients department. 11A

Patient reception/registration will take place at the clinic desk 11B

Facilities will be provided for patients to complete a pro-forma in writing, give details in private and be seen without an appointment. 11C

A clinic waiting area will be required for 6 persons 11D

Printed in the United Kingdom for HMSO
Dd292998 8/90 C17 G443 10170

DH

DBS 12 GENITO URINARY MEDICINE CLINICS

HMSO

HMSO publications are available from:

HMSO Publications Centre
(Mail and telephone orders only)
PO Box 276, London, SW8 5DT
Telephone orders 071-873 9090
General enquiries 071-873 0011
(queuing system in operation for both numbers)

HMSO Bookshops
49 High Holborn, London, WC1V 6HB 071-873 0011 (Counter service only)
258 Broad Street, Birmingham, B1 2HE 021-643 3740
Southey House, 33 Wine Street, Bristol, BS1 2BQ (0272) 264306
9-21 Princess Street, Manchester, M60 8AS 061-834 7201
80 Chichester Street, Belfast, BT1 4JY (0232) 238451
71 Lothian Road, Edinburgh, EH3 9AZ 031-228 4181

HMSO's Accredited Agents
(see Yellow Pages)

and through good booksellers

© Crown copyright 1990
First Published 1990

This publication is not sold separately

£7.70 net (Package price, two publications)

ISBN 0-11-321308-5

9 780113 213085